

(COOP - Request Form)



**FISHERIES RECOVERY COOPERATIVE
RESEARCH SURVEYS
Request Form**

National Oceanic and Atmospheric Administration Grant NA06NMF4540319
Gulf States Marine Fisheries Commission Sub-Award CR-M-022-2006-01



This form must be returned and postmarked no later than the following date:

11/1/2009

Name: PERCY ROBINSON

Address: 2000 Cherry Lane
Baton Rouge
LA 10000

Account # 9999 Parent ID: 20000

Please provide / check a telephone number
where you can be reached.

Telephone Number: 333-333-3333

☐ Daytime ☐ Nighttime

222-222-2222

☐ Daytime ☐ Nighttime

All other correspondence regarding this request may be sent by
certified mail, are you able to receive certified mail at this
address?

☐ Yes ☐ No

If No, please provide an address where you can receive certified
mail. (Please Print)

As a Louisiana resident, you have received this request form because you have informed LDWF that you disagree with the Department's determination of your qualification status for the Fisheries Recovery Cooperative Research Survey program as determined by Louisiana Trip Ticket landings records during the qualifying period (September 2005 through August 2008), Louisiana commercial licensing records during the calendar year of 2008. EPLS status, Secretary of State Incorporation standing, and LDSS Delinquent Payer status.

Have you sent Form A showing that you disagree with LDWF's assesment?

☐ Yes ☐ No ☐ Did not recieve application

Have you placed a call to or contacted LDWF expressing your disagreement?

☐ Yes ☐ No

I disagree with the following components shown on my original Form A. (Please check the box next to each component for which you disagree and include the tier for which you would like to be reconsidered.)

COMMERCIAL FISHERMAN

☐ 20000.1 111111 PERCY ROBINSON

Pre-qualified Tier Requested Tier

TIER 1	
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WHOLESALE / RETAIL

☐ 20000.2 222222 PERCY'S SEAFOOD

Pre-qualified Tier Requested Tier

TIER 2	
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In addition I feel I did not receive proper credit for the following component(s) **not** listed on my original Form A.

Type:	License #:	Name on License:	Tier Requested:

Name: PERCY ROBINSON

Account # 9999

Please explain why you disagree with your qualification status as determined by Louisiana Trip Ticket landings records and Louisiana commercial licensing records during the qualifying period (September 2005 through August 2008), EPLS status, Secretary of State Incorporation standing, and LDSS Delinquent Payer status. If you have previously provided a written explanation, please attach a copy of the statement.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Signature

Name: PERCY ROBINSON **Account #** 9999